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COVER LETTER

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Tallahassee, FL 32314

TO: Registration S Division of Co			
NT ST CL	OUD LLC		
SUBJECT:	Name of Litr	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SUGEHIN RIERA		
		Name of Person	·
	NONA TAX INC		
		Firm/Company	
	10783 NARCOOSSEE RI	SUITE 117	
		Address	
	ORLANDO, FLORIDA 3:		
	sugehinriera@nonatax.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
SUGEHIN RIERA		407 990-1812	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NT ST CLOUD LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000209222}{1.23000209222}$	were filed on 04/27/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
NT DOWNTOWN ORLANDO LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 North Orange Avenue Suite 800
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801
Enter new mailing address, if applicable:	111 North Orange Avenue Suite 800
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801
agent and/or the new registered office address here: Name of New Registered Agent:	
-	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chai	nging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			Remove
			□Change
			□Add
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